

## AUDIT ON PERINEAL INJURY INVOLVING ANAL SPHINCTER COMPLEX AND EPITHELIUM (FOURTH DEGREE PERINEAL TEARS) AT CHILD BIRTH

### Hypothesis / aims of study

To audit the rate of occurrence and management of fourth degree perineal tears in the local obstetric unit in comparison with the national guidelines issued by RCOG (Royal college of Obstetricians and Gynaecologists)

### Study design, materials and methods

The audit was carried out in an obstetric unit with about 4,000 vaginal deliveries per annum and an instrumental delivery rate of 12 percent. The cases of fourth degree perineal tear over last 5 years were identified by clinical coding and obstetric data in relation to the risk factors was collected from the computerised records. The management including the details of the immediate repair, analgesia, antibiotic prophylaxis and subsequent follow up arrangements were looked into.

### Results

30 cases of fourth degree perineal tears were identified over the last 5 years which accounts for less than 0.1% of the total number of vaginal deliveries in the unit. Twenty eight (93%) of these were at the first delivery and 10 (33%) were forceps deliveries. In 6 cases (20%) labour was induced and 9 (30%) had epidural analgesia. The length of second stage was more than an hour in 18 (60%) and the baby weighed over 4 kilos in 6 (20%) cases. Shoulder dystocia was noted in 2 (7%) of the cases.

All patients had a repair carried out by an appropriately trained obstetrician in theatre under regional anaesthesia. All received antibiotic prophylaxis and laxatives as per the protocol.

All the patients were referred for physiotherapy and offered a subsequent follow up with a consultant obstetrician and/ or Gynaecologist in six weeks.

### Interpretation of results

The rate of fourth degree tears in our unit is acceptable compared to national figures. The immediate management of these patients is in compliance with the RCOG guidelines.

### Concluding message

As recognition and appropriate management of severe perineal trauma at the time of child birth is the crucial for a good outcome, it is a good practice to audit the management of these patients on labour ward at regular intervals.

### References

RCOG Green-top Guideline No. 29 March 2007

	None
<b><i>Specify source of funding or grant</i></b>	
<b><i>Is this a clinical trial?</i></b>	No
<b><i>What were the subjects in the study?</i></b>	HUMAN
<b><i>Was this study approved by an ethics committee?</i></b>	No
<b><i>This study did not require ethics committee approval because</i></b>	This is a retrospective audit evaluating the routine clinical practice and not study
<b><i>Was the Declaration of Helsinki followed?</i></b>	No
<b><i>This study did not follow the Declaration of Helsinki in the sense that</i></b>	This is an audit and not a study
<b><i>Was informed consent obtained from the patients?</i></b>	No